

## DEPARTMENT OF THE ARMY INSTALLATION MANAGEMENT AGENCY HEADQUARTER, U.S. ARMY GARRISON, FORT RICHARDSON 724 POSTAL SERVICE LOOP #6000 FORT RICHARDSON, ALASKA 99505-6000

IMPA-FRA-SO

18 March 2005

## MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Fort Richardson Motorcycle Safety Training Requirements (FY05)

## References:

- a. DoD Instructions, 6055.4, DoD Traffic Safety Program, dated 20 Jul 99
- AR 385-55, Prevention of Motor Vehicle Accidents, dated 12 Mar 87
- USARAK Safety Regulation, 385-1, dated 1 Jun 04
- 2. In accordance with the above references, all Department of the Army (DA) (military personnel and DA civilian employees) are required to complete an Army approved motorcycle safety course in order to operate a motorcycle on a military installation. This applies to military personnel while operating a motorcycle on or off post, on or off duty, and DA civilian employees while on duty, on or off post. The Army approved motorcycle safety course is the Experienced Rider Course or equivalent, sponsored by the Motorcycle Safety Foundation (MSF).
- 3. The Fort Richardson Safety Office has coordinated with Alaska Bikers Advocating Training and Education (A.B.A.T.E.) of Alaska, Inc., an Motorcycle Safety Foundation (MSF) sponsored association, for this required training. This training is being offered to military personnel and DA civilian employees assigned or employed at Fort Richardson, AK, at no cost to the individual. This is a one time training requirement! Proof of completion of an approved MSF course from a previous assignment is acceptable and meets this training requirement.
- 4. The following procedures apply to authorized personnel in need of this training:
- a. Personnel must have a copy of the enclosed memorandum "Request for Motorcycle Safety Training" completed by their unit First Sergeant (1SG) or supervisor for DA civilian employees.
- b. The individual will bring a copy of the completed memorandum to the Fort Richardson Safety Office located in room 238, Building # 1 on Richardson Drive between the hours of 0800-1600 Monday - Friday.

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- c. The Safety Office will issue an A.B.A.T.E. certificate for training to the individual. These certificates are controlled and must be signed for by the individual named in the memorandum.
- d. Once the individual has been issued a training certificate, he/she may contact A.B.A.T.E. of Alaska, Inc and arrange for enrollment in one of their Experienced Rider Courses. They are located at Alaska Leather on the corner of Arctic and Benson in Anchorage, AK (907) 566-3334 / 562-2324 or for additional information visit their website at www.abateofalaska.net.
- Upon completion of the course, A.B.A.T.E. will issue an MSF certificate of course completion. Individuals should be reminded it is their responsibility to retain the MSF certificate.
- 5. The Experienced Rider Course is a five hour course offered Wednesday, Friday, or Saturday of each week (May September). This is a performance based "riding" course. This is <u>not</u> a beginners' (how to ride) course, personnel in need of a beginners course must coordinate with A.B.A.T.E. for this training, at their own expense.
- 6. Training certificates are provided and funded by the Fort Richardson Safety Office. Once an individual has registered for a course, it is imperative that he/she attend the course as scheduled. There are no refunds for an individuals' failure to attend training without prior coordination with A.B.A.T.E. of Alaska, Inc. Military personnel unable to attend the scheduled course due to military duties, must present a memorandum signed by their Commander or 1SG indicating the circumstances and need for cancellation/reschedule. All coordination and course scheduling is the responsibility of the individual, through A.B.A.T.E. of Alaska, Inc.
- Request that all personnel be made aware of this information. As Commanders and leaders, we have a moral obligation to support and enforce this "life saving" initiative.

Encl as

LTC, AR Commanding

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MEMORANDUM FOR Installation Safety Office, Fort Richardson, AK	
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1SG/Supervisor Signature

Date:\_\_\_\_